

Retail Food Establishment Inspection Report

Floyd County Health Department Telephone:812-948-4726

X 660

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24. Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

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Establishment Name								Telephone Number		Date of Inspection (mm/dd/yr)		PERMIT#
NAHS FHall Concessions Establishment Address (number and street, city, state, zip code)								erc 576 85	· • /			19-205
Establishment Address (number and street, city, state, zip code) 1020 Vinceans St. New Alberg, 12 47150										•/	, 22,1	
	runns	<u>S‡.</u>	New A	1600-1	<u> ۱۲۱ ۲۱۱ ا،</u>	50						
Owner								Purpose:		Follow-up Release Date		
NAFC Schools								Routine		ne 10 days		
Owner's A	ddress							2. Follow-up		Summary	of Violatio	ns:
								3. Complaint 4. Pre-Operational		C NC R		
Person in Charge												
Ket Meter Responsible Person's E-mail								5. Temporary		N		
Responsible Person's E-mail								6. HACCP		Menu Ty	pe (See back	c of page)
Constant and Management and American Am								7. Other (list)		١.٧.		
Certified Food Manager									· ·	$1 - X_{-2}$	3	_45
										<u> </u>		
• CRITICAI	L ITEMS AI	RE IDI	ENTIFIED IN THI	E CHEC	KLIST AND NA	ARRATIVE COLU	JMNS MA	RKED "C"			•	
• VIOLATIO	ON(S) REPE	CATEL	FROM PREVIO	US INSF	PECTIONS ARE	DENOTED IN TH	HE "SUM	MARY OF VIOLATI	IONS" AN	ND IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC	R				Narrati					To Be Co	orrected By
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Received by (name and title printed):								Inspected by (name and title printed): A.). James (EHS)				
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